

## Form 23 DPP-156

### Child Abuse/Neglect Central Registry Check Request Form – Instructions

1. Use blue or black ink to complete Form 23 DPP-156 and print legibly.
2. The category for which the CA/N Central Registry check is being requested has been pre-filled. DO NOT CHECK ANY BOXES OR ALTER THE INFORMATION ON THE “OTHER” LINE. The “OTHER” line should read: First Steps KRS 620.050(5)(c).
3. Page 1 - Personal Information

NAME: Write the individual provider's: 1. first name, 2. middle name (as given at birth), 3. maiden name (DO NOT LEAVE BLANK – enter NA if not applicable), and 4. last name.

Sex: Write M for male or F for female

Race: Select and write one of the following races or write “other”:

- American Indian
- Alaska Native
- Asian or Pacific Islander
- Black (Not Hispanic)
- Hispanic
- White (Not Hispanic)

Date of Birth: Write the individual provider's date of birth in the following format:  
mm/dd/yyyy

Social

Security #: Write the individual provider's Social Security number

Date of Initial

Hire: Leave this field blank

Present

Address: Write the Street Number, Street Name, City and State where the individual provider presently resides (do not list a post office box).

Previous

Address: Write the Street Number, Street Name, City and State where the individual provider resided immediately prior to the present address.

4. Page 2 - Signatures

The individual provider applying for First Steps enrollment must sign and date the DPP-156 form as the Individual Submitting to the CA/N Central Registry Check.

An individual must observe the applicant/requestor signing the DPP-156 form and document their observation as a witness by signing on the Witness line. The Witness signature and date affirms that the applicant signing the form is indeed the person for

whom the CA/N Central Registry check is being requested. The DPP-156 form does NOT need to be notarized and the Witness does NOT need to be a notary.

5. Disclosure of Additional Information

If the CA/N Central Registry check reveals one or more findings which would preclude the First Steps program from approving the applicant's enrollment as a First Steps Provider, the applicant may request that the Cabinet release the information regarding the substantiated finding(s) to the applicant. The applicant would request such release through a CHFS-305, Authorization to Disclose Protected Health Information form.

6. The EMPLOYER/AGENCY information section has been pre-filled. DO NOT ALTER THE INFORMATION IN THE "EMPLOYER/AGENCY" SECTION. The information pre-filled in the EMPLOYER/AGENCY section directs the Department for Community Based Services (DCBS) to send the results of the CA/N Central Registry check to the First Steps program. The First Steps program is unable to accept CA/N Central Registry or criminal background check results that do not come directly from the agency responsible for conducting the check.

7. DCBS will complete the RESULTS section. Leave this section blank.

8. Submit the completed, signed, witnessed and dated DPP-156 form with a check or money order made payable to the "Kentucky State Treasurer" in the amount of ten dollars (\$10.00) to:

The Cabinet for Health and Family Services  
Department for Community Based Services  
Records Management Section  
275 East Main St., Section 3E-G  
Frankfort, Kentucky 40621

9. Allow at least 30 days for processing.